



Martin J. Chávez, Mayor
City of Albuquerque

Climbing Adventure Registration Form

City of Albuquerque
Parks & Recreation Department
1801 4th Street NW
Albuquerque, New Mexico 87102
(505) 857-8100



Jay Hart, Director
Parks and Recreation

Climbing Adventure Requirements:

- Must be age 11 through 17 and able to hike one mile
- Complete / return registration form with \$10.00 check or money order payable to City of Albuquerque
- Bring your own: lunch, snacks, drinking water, day or book pack, sunscreen, jacket / sweatshirt or other outerwear appropriate for expected weather conditions (trip only), sturdy shoes for hiking
- Optional equipment: rock climbing shoes (can be rented from REI or Stone Age Climbing Gym)

Class and Trip Dates:

_____ June 13th class & June 19th trip, Tijeras Ranger Wall

_____ July 11th class & July 14th trip, Las Conchas

Class and Trip Times:

CLASS: June 13th, 6:30pm – 8:30pm, Parks and Recreation Administration Building

TRIP: June 19th, 8:30am - 2:30pm, Tijeras Ranger Wall

CLASS: July 11th 6:30pm – 8:30pm, Parks and Recreation Administration Building

TRIP: July 14th, 8:30am - 5:00pm, Las Conchas

**PLEASE FILL
OUT ALL FORMS
COMPLETELY!
Return to: 1801 4th
St NW 87102-1425**

Directions to Parks and Recreation Administration Building: From I-40, exit 6th Street, go SOUTH. Turn left on Haines, then right on 4th. Drive SOUTH on 4th Street, past the railroad tracks. Turn RIGHT into the driveway just past the black wrought iron fence - before the City of Albuquerque gas pumps. If you drive past Aspen Street, you have gone too far. The Outdoor Recreation Administration Building is a one-story, sand-colored, brick building with a large, two-story mural next to Fourth Street.

PART A: PARTICIPANT INFORMATION (To be completed by participant / parent / guardian)

Name _____
First Middle Initial Last

Address _____
Street Apt. # City Zip Code

Phone Numbers _____
Home Cell Pager

E-Mail Address _____

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

Participant's School _____ Grade Level _____

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Parent / Guardian Telephone Number(s): _____
Cell Phone Work Phone

PART B: EMERGENCY CONTACT INFORMATION

In case of emergency contact:

(1) _____
Name Relationship Phone Number

(2) _____
Name Relationship Phone Number

PART C: DISABILITY INFORMATION

Please place a check next to each disability that applies to the participant.

_____ Autism	_____ Attention Deficit Disorder	_____ Behavior Disorder
_____ Cerebral Palsy	_____ Down's Syndrome	_____ Head Injury
_____ Hearing Impaired	_____ Learning Disability	_____ Mild Mental Retardation
_____ Moderate Mental Retardation	_____ Vision Impaired	_____ Other

If you checked "Other", please provide additional information on any disabling condition not listed.

Other: _____

PART D: SIGNATURE INFORMATION

Parent / Guardian signature _____ Date: _____

Please print Parent / Guardian name _____



NOTICE: If you have a disability and require special assistance to participate in this event, contact Outdoor Recreation at least one week before the event, (505) 768-5328(Voice/Relay)